- 129-5-1. Prior authorization. (a) Any medical service may be placed by the Kansas health policy authority on the published list of services requiring prior authorization or precertification for any of the following reasons:
 - (1) To ensure that provision of the service is medically necessary;
- (2) to ensure that services that could be subject to overuse are monitored for appropriateness in each case; and
 - (3) to ensure that services are delivered in a cost-effective manner.
- (b) Administration of covered pharmaceuticals in the following classes shall require prior authorization. A cross-reference of generic and brand names shall be made available upon request:
 - (1) Ace inhibitors:
 - (A) Fosinopril Quinapril;
 - (B) moexipril;
 - (C) perindopril;
 - (D) ramipril; and
 - (E) trandolopril;
 - (2) acne and skin lesion products:
 - (A) Tretinoin; and
 - (B) alitretinoin;
 - (3) adjunct antiepileptic drugs:
 - (A) Gabitril; and
 - (B) zonegran;
 - (4) angiotensin II receptor antagonists:

(A)	Candesartan:	
(B)	candesartan-HCTZ;	
(C)	eprosartan;	
(D)	eprosartan-HCTZ;	
(E)	olmesartan; and	
(F)	olmesartan-HCTZ;	
(5)	antibiotics: telithromycin;	
<u>(6)</u>	anticholinergic urinary incontinence drugs:	
(A)	Flavoxate;	
(B)	oxybutynin XL;	
(C)	tolterodine;	
(D)	oxybutynin patches; and	
(E)	trospium chloride;	
<u>(7)</u>	antiemetics: nabilone;	
(6) <u>(8)</u>	antipsoriatics: alefacept;	
(7) <u>(9)</u>	antiretroviral drugs: enfuvirtide;	
(8) (10) antirheumatics:		
(A)	Leflunomide;	
(B)	infliximab;	
(C)	anakinra;	
(D)	adalimumab;	
(E)	etonercept; and	
(F)	abatacept;	

	(9)(11) cervical dystonias: botulinum toxins A and B;		
	(10)(12) drugs for the treatment of osteoporosis: teriparatide;		
	(11)(13) antituberculosis products:		
	(A)	Aminosalicylate sodium;	
	(B)	capreomycin;	
	(C)	ethambutol;	
	(D)	ethionamide;	
	(E)	isoniazid;	
	(F)	pyrazinamide; and	
	(G)	rifampin and rifampin-isoniazid combinations;	
	(12)(14) all decubitus and wound care products;		
	(13) (1:	5) all intravenous and oral dietary and nutritional products, including the	
following:			
	(A)	Amino acids, injectable;	
	(B)	1-cysteine;	
	(C)	lipids, injectable; and	
	(D)	sodium phenylbutyrate;	
	(14)(16) beta-blockers:		
	(A)	Betaxolol;	
	(B)	bisoprolol;	
	(C)	carteolol;	
	(D)	nadolol;	
	(E)	penbutolol; and	

(F)	timolol; and
(G)	(E) propranolol XL;
<u>(17)</u>	short-acting, inhaled beta 2 agonists:
<u>(A)</u>	metaproterenol inhaler;
<u>(B)</u>	levalbuterol solution; and
<u>(C)</u>	albuterol solutions: 0.021% and 0.042%;
(15) <u>(1</u>	8) calcium channel blockers:
(A)	Diltiazem extended release, with the following brand names:
(i)	Cardizen SR®;
(ii)	Cardizem CD [®] ;
(iii)	Cartia XT®;
(iv)	Dilacor XR®;
(v)	Taztia XT [®] ; and
(vi)	Cardizem LA®;
(B)	verapamil sustained release, with the following brand names:
(i)	Covera HS [®] ; and
(ii)	Verelan PM [®] ;
(C)	nifedipine sustained release, with the following brand names:
(i)	Nifedical XL [®] ; and
(ii)	Procardia XL® and all generic equivalents;
(D)	nimodipine;
(E)	nisoldipine;
(F)	(E) felodipine;

	(B)	omeprazole;
	(C)	omeprazole OTC;
	(D)	lansoprazole;
	(E)	pantoprazole;
	(F)	rabeprazole; and
	(G)	omeprazole NaHCO ₃ ;
	(21) <u>(2</u>	(ASV), including
palivizumab;		
	(22) <u>(2</u>	25) muscle relaxants:
	(A)	Tizanidine;
	(B)	orphenadrine;
	(C)	methocarbamol;
	(D)	carisoprodol;
	(E)	(D) carisoprodol compoundcarisoprodol-aspirin;
	<u>(E)</u>	carisoprodol-aspirin-caffeine;
	(F)	cyclobenzaprine (5 mg); and
	(G)	metaxolone;
	<u>(H)</u>	dantrolene; and
	<u>(G)</u>	orphenadrine-aspirin-caffeine;
	(23) <u>(2</u>	26) narcotics:
	(A)	Buprenorphine-naloxone; and
	(B)	buprenorphine;
	(24) (2	(7) nonsteroidal, anti-inflammatory drugs: nabumetone;

(25)(28) drugs for the treatment of obesity:		
(A)	Orlistat;	
(B)	sibutramine; and	
(C)	phentermine;	
(26) (29	9) oxazolidinones, including linezolid	
(27) (30	0) HMG-CoA reductase inhibitors:	
(A)	Pravastatin;	
(B)	fluvastatin; and	
(C)	lovastatin; and	
(D)	rosuvastatin;	
(28) (3)	1) nonsedating antihistamines:	
(A)	Desloratidine; and	
(B)	fexofenadine;	
(29)(32) H ₂ antagonists: nizatidine;		
(30) (3 <u>.</u>	3) triptans:	
(A)	Naratriptan;	
(B)	zolmitriptan; and	
(C)	frovatriptan;	
(31)(34) antidiabetic drugs:		
(A)	Amaryl [®] Glipizide XL;	
(B)	Glucotrol XL® glipizide-metformin;	
(C)	Prandin [®] repaglinide;	
(D)	Precose®acarbose;	

Kytril®; and

(A)

	(B)	Anzemet [®] ;		
	(35)(38) influenza vaccines: Flumist®;			
	(36) (3	9) the following drugs if specifically required by the physician, which shall		
require	require prior authorization to override maximum allowable cost (MAC) or federal upper			
limit (FUL) pricing:				
	(A)	Clozaril;		
	(B)	depakene;		
	(C)	tegretol; and		
	(D)	coumadin;		
	(37)(40) monoclonal antibody for asthma: omalizumab;			
	(38)(41) bisphosphonates:			
	(A)	Risedronate; and		
	(B)	risedronate-calcium;		
	(39) (4	2) ACE inhibitors-calcium channel blockers:		
	(A)	Enalapriol maleate-felodipine; and		
	(B)	trandolapril-verapamil;		
	(40)(43) ophthalmic prostaglandin analogues:			
	(A)	Bimatoprost; and		
	(B)	unoprostone;		
	(41)(44) topical immunomodulators:			
	(A)	Protpic® (topical formulation); and		
	(B)	Elidel [®] ;		
	(42) (4	5) narcotic analgesics: any transmucosal form of fentanyl; and		

(43)(46) tramadol and all opioids, opioid combinations, and skeletal muscle relaxants, at any dose greater than the maximum recommended dose in a 31-day period.

- (c) Failure to obtain prior authorization, if required, shall negate reimbursement for the service and any other service resulting from the unauthorized or noncertified treatment. The prior authorization shall affect reimbursement to all providers associated with the service.
 - (d) The only exceptions to prior authorization shall be the following:
- (1) Emergencies. If certain surgeries and procedures that require prior authorization are performed in an emergency situation, the request for authorization shall be made within two working days after the service is provided.
- (2) Situations in which services requiring prior authorization are provided and retroactive eligibility is later established. When an emergency occurs or when retroactive eligibility is established, prior authorization for that service shall be waived, and if medical necessity is documented, payment shall be made.
- (e) Services requiring prior authorization shall be considered covered services within the scope of the program, unless the request for prior authorization is denied.

 (Authorized by L. 2005, Ch. 187, Sec. 45 and K.S.A. 2005 2006 Supp. 39-7,120 and K.S.A. 2006 Supp. 75-7412, as amended by L. 2005, Ch. 187, Sec. 54; implementing K.S.A. 2005 2006 Supp. 39-7,120, as amended by L. 2005, Ch. 187, Sec. 54 and K.S.A. 2005 2006 Supp. 39-7,121a, as amended by L. 2005, Ch. 187, Sec. 56; effective Oct. 28, 2005; amended June 2, 2006; amended Aug. 11, 2006; amended Nov. 17, 2006; amended March 16, 2007; amended P-________.)